



File No. \_\_\_\_\_

Certificate No. \_\_\_\_\_

Health Dept. \_\_\_\_\_

**Note: If mailing, please attach copy of applicant's photo identification.**

**MAKE CHECKS PAYABLE TO CITY OF ARLINGTON**

Address envelope to: City of Arlington Vital Records

P.O. Box 90231 MS 63-0700

Arlington, Texas 76004-3231

Physical Address: 201 E Abram, Suite 720

817-459-6777

**APPLICATION FOR A CERTIFIED COPY OF A DEATH CERTIFICATE**

These records are protected by the Texas Health and Safety Code and may only be released to a **"properly qualified applicant"**, which is defined as an immediate member of the family, a legal or personal representative, or agent. Proper identification will be required at the time of order.

\* NOTE: This office only contains records of deaths that occurred in Arlington after April, 1971. All information must be completed before your order can be processed.

\* FEES: The fee for a certified copy of a death certificate is **\$20.00**. If more than one certification of the same record is requested at the same time, **the fee for each additional copy is \$4.00**

NUMBER OF COPIES REQUESTED: \_\_\_\_\_

NAME OF DECEASED: \_\_\_\_\_  
first middle last

DATE OF DEATH: \_\_\_\_\_ PLACE OF DEATH: \_\_\_\_\_

SEX: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

I AM RELATED AS: \_\_\_\_\_

PURPOSE OF REQUEST: \_\_\_\_\_

ADDRESS OF APPLICANT: \_\_\_\_\_

city

state

zip

phone #

**WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)**

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**PROPER IDENTIFICATION PROVIDED** YES \_\_\_\_\_ NO \_\_\_\_\_

**TYPE** \_\_\_\_\_ **I.D. NUMBER** \_\_\_\_\_